



Mentor Application Form

If you would like to become a voluntary mentor, please complete this form and fax back to the ACRA Executive Officer on 1300 662 272 or post to PO Box 576, Baulkham Hills 1755. Please include only the details you would be happy publishing on the website or in our Newsletter. These details will be restricted to our members only and not the general public.

Benefits of being a Mentor

- Further use of professional education and experience
- The opportunity to help someone with less training and or experience
- The opportunity to further benefit the field of cardiac rehabilitation and chronic disease management
- To form a new working, professional relationship
- To learn from the mentee

Mentor Information

Name: _____

Work Phone: _____ Mobile: _____

Work Email address: _____

Occupation: _____

Workplace and Address:

Education / Level Obtained:

Professional Achievements: (Please list only those you think will be relevant to this position)

Areas of Interest/Expertise: (please list the area/s you would be happy to mentor in eg starting up a new cardiac rehab program, conducting research, exercise, managing staff, writing reports)

Disclaimer:

As a mentor, I have the right to choose who I will assist and by how much. This arrangement will be between me the mentor and my mentee/s. I may withdraw my details and availability at any time, however it is my responsibility to alert any mentees I may be working with. In the event that I wish to terminate my mentoring services, I will email the Executive Officer on admin@acra.net.au to withdraw my details from ACRA's communication portals.

By becoming a mentor, I understand that ACRA does not take any responsibility for any information exchanged between the two parties (myself the mentor and the mentee). The nature of the mentor/mentee relationship will be based on mutual understanding determined by these parties in relationship and not the ACRA. This partnership may wind up at any time as determined by myself the mentor, or the mentee only. I realise that ACRA's only responsibility in this program is to encourage members to take advantage of working with a mentor and to provide details of health professionals and academics who wish to act as mentors for its members.

By signing this form, I agree that my professional details as I have given above, will be placed in ACRA communication portals for its members to view plus I am agreeing with the disclaimer above.

Signed: _____ Date: _____